

SOUTH CAROLINA DEPARTMENT OF INSURANCE
Education Services Division
P.O. Box 100105, Columbia, SC 29202-3105
APPLICATION FOR BAIL BONDSMAN/RUNNER PRELICENSING INSTRUCTOR APPROVAL

SECTION I. Please print or type responses.

Full Name of Instructor: _____
Social Security Number: _____ Date of Birth _____
Residence Address: _____

CITY STATE ZIP CODE
Telephone Number: _____ - _____
Name of Approved Sponsor: _____ Sponsor #: _____
Sponsor Address: _____

CITY STATE ZIP CODE
Sponsor's Authorized Representative: _____
Telephone Number: _____ - _____
Approval Requested To Instruct Courses In: _____ Bail Bondsman/Runner Prelicensing Education

SECTION II If all required material is not submitted and/or if the application is not properly completed, it will be returned to the sponsor and the filing fee will be forfeited.

Attached to this application for Instructor Approval must be the following:

1. Documentation of one or more of the following:

- _____ College Degree in insurance from an accredited institution (attach evidence of college degree)
_____ A professional insurance designation related to subj. matter to be taught (attach copy of diploma, certificate, etc.)
_____ Insurance work experience (at least 5 years) in subject matter to be taught (attach letter(s) signed by employer on company letterhead listing your position, title, description of job duties, etc.).
_____ Bailbondsman/Runner related teaching experience (attach letter(s) signed by employer on company letterhead listing courses taught with a brief description of course material).
_____ \$25 filing fee.

Have you ever been the subject of any disciplinary action, including suspension, cancellation, or revocation by any Insurance Department, Governmental entity, or other licensing authority. _____ Yes _____ No

If yes, attach a statement providing complete details.

Have you ever been convicted, pled guilty or no contest in any criminal proceeding? _____ Yes _____ No

If yes, attach a statement providing complete details.

Have you ever been charged by any entity with misappropriation, conversion or withholding of money? _____ Yes _____ No

If yes, attach a statement providing complete details.

NOTE: Failure to comply with the requirements of South Carolina law and regulations may result in suspension of approval or termination of approval status.

STATEMENT OF APPLICANT

I _____, do solemnly swear that the responses to questions in this application are true
APPLICANT'S SIGNATURE and complete to the best of my knowledge.

SECTION III.

This is to certify that the above application and all attachments have been reviewed and the information provided by the applicant verified by the approved sponsor.

Signature of Authorized Representative/Approved Sponsor: _____ Date _____

SECTION IV.

FOR INTERNAL USE ONLY

_____ Approved Approved Instructor Number: _____

____ Not Approved - Explanation: _____